thinksocial EAST BAY

Date:

Parents, please have as many educators fill this out as possible!

Dear Professional,

This student: is being considered for placement at our clinic. It will be of great benefit to have you complete the information below regarding this student based on your own experience.
Please print and return this form to the person who gave it to you or submit electronically using the EMAIL button at the bottom of the page.

Your name: Grade of student: Current School:

Your relationship to the student:

Please indicate how you feel how this person does in your setting in the following areas:

Skill to explore	Comments	Above grade level	At grade level	Below grade level	Not observed
Math					
Reading decoding					
Reading comprehension					
Written expression					
Participating as part of a large group during class discussion/ lecture					
Participating as part of a small work group in class					
Ability to ask for help in class					
Making and keeping friends during less structured times					
Organizational skills while in class					
Organizational skills from home to school and back again					
Does child stand out as unique in his interpersonal skills, either in class or out of class?					
Do you anticipate that this student will encounter more challenges in future school years?					
How would this student's peers describe him/her?					

EMAIL **PRINT**

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